

EARLY YEARS 2, 3 & 4 YEAR OLD FUNDED ENTITLEMENT PARENTAL DECLARATION FORM

1. CHILD DETAILS

Legal or Given First Name:		Chosen or Preferred First Name:		
Legal or Given Middle Name(s):		Chosen or Preferred Middle Name(s):		
Legal or Given Surname:		Chosen or Preferred Surname:		
Date of Birth dd/mm/yyyy	/ /	Gender (please tick) ✓	M	F
Proof of DoB Type Seen (eg Birth Certificate, Passport):		Proof of DoB Witnessed by (staff member name):		Date:
Home Address:		Previous Home Address: (if you have moved house in the last 6 months)		
Postcode:		Previous Postcode:		
Additional Information **	EHCP ☐	LAC ☐	Adopted ☐	Residence Order / Special Guardianship ☐
** If you have ticked any of the above your Provider may ask you to produce evidence (Definitions: EHCP: Education, Health and Care Plan; LAC: Looked After Child)				

ETHNICITY of child

Please indicate your child's ethnicity: (if you do not wish to tell us please tick 'prefer not to say')					
WHB	☐ White British	BLB	☐ Caribbean	AAO	☐ Any other Asian background
WHR	☐ White Irish	BLF	☐ African	CHE	☐ Chinese
WHA	☐ Any other white background	BLG	☐ Any other Black background	OEO	☐ Any other ethnic group
MWA	☐ White and Asian	ASR	☐ Sri Lankan	WHT	☐ Irish Heritage
MWB	☐ White and Black Caribbean	AIN	☐ Indian	WRO	☐ Roma/Roma Gypsy
MBA	☐ White and Black African	APK	☐ Pakistani	WHO	☐ Any other traveller background
MOT	☐ Any other mixed background	ABA	☐ Bangladeshi	REF	☐ Prefer not to say

2. PARENT/CARER DETAILS (below must be completed where a child is claiming 30 Hours or Two Year Funding)

If you wish to claim for 30 hours we need your written consent to validate your code. We can't validate the code without your own date of birth and your NI/NASS number so please complete all boxes in this section; please also sign the box below and the main declaration on the reverse of this form to indicate your consent.

If you believe that your child may qualify for Early Years Pupil Premium (see General Information For Parents sheet) please provide the following information for the **main benefit holder** to enable the local authority to confirm eligibility.

Parent/Carer First Name:		Parent/Carer Surname:	
Parent/Carer Date of Birth:		Parent/Carer National Insurance Number or National Asylum Support Service (NASS) Number:	
Parent/Carer Signature:			

3. ELIGIBILITY CODES (below must be completed where a child is claiming 30 Hours or Two Year Funding)

30 Hours Eligibility Code (e.g 5000123456)	Two Year Old Funding (TYOF) Reference Number (or copy of Eligibility letter attached)
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4. DISABILITY ACCESS FUND DECLARATION

Is your child eligible and in receipt of Disability Living Allowance (DLA)? Please tick as appropriate: ✓	Yes		No	
If your child is splitting their Funded Entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF:				

5. FUNDED ENTITLEMENT CLAIM DETAILS

- The table below is to be completed with details of your child's Funded Entitlement claim at this early years provider. You must also declare below ALL Funded Entitlement hours that are claimed by your child at all other providers you are using.
- Your child can attend a maximum of two sites in a single day
- A maximum of 10 hours can be claimed in any one day
- Funded Entitlement hours are funded for equivalent of 38 weeks of the year:
i.e. maximum funding of 570 hours per year for 15 hrs/wk or maximum of 1140 hours per year (30 hrs/wk).
- Please ensure that you specify below the provider(s) that is/are to receive your **UNIVERSAL** 15 hours of Funded Entitlement - please tick ✓ against each setting which is to receive this. *This is only applicable if you are claiming 30 hours Funded Entitlement*
- If you are claiming 30 hours Funded Entitlement, you must complete sections 2 and 3 (overleaf) with your name, your own date of birth, your NI/NASS Number and 30 Hours Eligibility Code
- If you are claiming Two Year Funding, you must complete sections 2 and 3 (overleaf) with your name, your own date of birth, your NI/NASS Number and TYOF Reference Number

Name of Provider who has issued this form			
Start Date of Funded Hours:		End Date of Funded Hours (if known):	

Names of all childcare providers currently used (including the provider who has issued this form)	Universal Hours? Tick against ALL settings this applies to. Must not exceed more than 15 hours per week ✓	Please enter total Funded Entitlement Hours claimed per day at each setting					Total Number of Hours Claimed per Week	Number of Weeks Claimed per Year (e.g 38, 45, 52)
		Mon	Tue	Wed	Thu	Fri		
I wish to claim the following number of hours per week at this provider for the child mentioned in Section 1 of this form (max 30 hours):								

6. DECLARATION

I can confirm that I have read and understood the form and that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise the provider (as confirmed in Section 5) to claim Funded Entitlement as agreed above on behalf of my child. In addition, I give permission for Nottinghamshire County Council to check my eligibility status with government departments and hold my details to make further checks for pupil benefits including Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) or Free School Meals when my child is at an eligible age. I agree that the information I have provided can be shared with the Local Authority and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim on behalf of my child. I agree that the information on this form can be shared locally for the benefit of my family. I also consent to allow the Local Authority to hold personal data to support pupil's learning and monitor and report on their progress as per our Privacy Notice (obtainable from your childcare provider).	Parent/Carer Name:	
	Parent/Carer Signature:	
	Date of Signing:	
	Setting Name:	
	Setting Signature:	
	Date of Signing:	

Notes for provider:

If a parent has a Two Year Old Funding letter from another authority, please attach a copy to this form. We may ask to see this as evidence of eligibility.

Providers are required to retain this completed form within the setting. **Please do not send them to us.** You will need the information contained on the form to complete your portal headcount returns. If there are any changes to the information contained in this form e.g. hours attended by child, you should ensure that the parent/carers completes a new form. Any subsequent forms should also be retained by the setting.